

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> JANET NGUYEN FOR ASSEMBLY 2026			<b>Date of This Filing</b> <u>06/06/2023</u>	Date Stamp       Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)473-4298	<b>I.D. NUMBER</b> (if applicable) 1457538	<b>Report No.</b> <u>1</u>			
<b>STREET ADDRESS</b>  		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> GARDEN GROVE		<b>STATE</b> CA	<b>ZIP CODE</b> 92840	<b>No. of Pages</b> <u>3</u>	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/30/2023	CALIF. MEDICAL ASSOC. PAC SACRAMENTO, CA 95814  ID# 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00
05/30/2023	GREATER ANESTHESIA SERVICE AND PAC SACRAMENTO, CA 95814  ID# 760981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00
05/30/2023	GREATER ANESTHESIA SERVICE AND PAC SACRAMENTO, CA 95814  ID# 760981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (916)473-4298	<b>I.D. NUMBER</b> (if applicable) 1457538	<b>Report No.</b> <u>1</u>		Page 2 of 3	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> GARDEN GROVE	<b>STATE</b> CA	<b>ZIP CODE</b> 92840	<b>No. of Pages</b> <u>3</u>		

## Late Contribution(s) Received

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05/30/2023	CALIF. AMBULATORY SURGERY ASSOC. PAC SACRAMENTO, CA 95814  ID# 1254059	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2026			Date of This Filing 06/06/2023  Report No. 1  <input type="checkbox"/> Amendment to Report No. (explain below)  No. of Pages 3	Date Stamp   Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS					
CITY GARDEN GROVE	STATE CA	ZIP CODE 92840			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: